

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

Elesche Bogan  
State File No. 9275

**FILED MAR 17 1950**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>John</u>		c. LENGTH OF STAY (If in place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Salena R 7 D #2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Chester</u>		b. (Middle) <u>Le Roy</u>		c. (Last) <u>Irwin</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>12</u>		(Year) <u>50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Inf.</u>		8. DATE OF BIRTH <u>Feb 14 - 1950</u>		9. AGE (In years last birthday) <u>8</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> IF UNDER 6 HRS. Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life or retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Inf.</u>		11. BIRTHPLACE (State or foreign country) <u>Baxter Springs</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Roy Irwin</u>		13b. MOTHER'S MAIDEN NAME <u>Nadine Jackson</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Subdural Hematoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Breech birth</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>7600</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-4</u> , 19 <u>50</u> , to <u>2-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>50</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Bogan M.D.</u> (Degree or title)				23b. ADDRESS <u>Baxter Springs</u>		23c. DATE SIGNED <u>2-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs. Kans.</u>	
DATE REC'D BY LOCAL REG. <u>2-15-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 138		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rance Wene</u>		ADDRESS <u>Baxter Spgs. Kans.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

RECEIVED 2-27-50  
Jasper County Health Office  
County File Number 50-3-136  
Date Filed 3-16-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Wene Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

J. Lane Wene

Licensed Embalmer No. 2880 m

P. O. Address Bayton Springs La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.